

ADE 5-Day Reconciliation Form
For Multiple Site Sponsors and Multiple Single Center Participants
(Not Applicable for Emergency Shelters)

Site Name: _____

CTD #: _____ - _____ - _____

Total Number of Participants **Enrolled** (based on claim): _____

Licensed Capacity: _____

Total Number of Participants **Claimed** (*based on meal counts*):

| | Meal | 1 Day Before Date: | 2 Days Before Date: | 3 Days Before Date: | 4 Days Before Date: | 5 Days Before Date: |
|--|---------------|-----------------------|------------------------|------------------------|------------------------|------------------------|
| | Breakfast | | | | | |
| | AM Snack | | | | | |
| | Lunch | | | | | |
| | PM Snack | | | | | |
| | Dinner | | | | | |
| | Evening Snack | | | | | |

Total Number of Participants in **Attendance** (*based on sign in/out sheets*):

| Meal Service Times | Meal | 1 Day Before Date: | 2 Days Before Date: | 3 Days Before Date: | 4 Days Before Date: | 5 Days Before Date: |
|--------------------|---------------|-----------------------|------------------------|------------------------|------------------------|------------------------|
| | Breakfast | | | | | |
| | AM Snack | | | | | |
| | Lunch | | | | | |
| | PM Snack | | | | | |
| | Dinner | | | | | |
| | Evening Snack | | | | | |

Compare the tables above. Are there any discrepancies between the numbers claimed and the numbers in attendance?

☐ Yes ☐ No If yes, determine whether an over or under claim occurred and provide details. In addition, list corrective action assigned to resolve issue:

Tally Worksheet

(Record Attendance from Sign In/Out Sheets)

Breakfast |||| |||| |||| |||| |||| |||| |||| ||| 43

Day 1: **Totals**

Breakfast _____

AM Snack _____

Lunch _____

PM Snack _____

Dinner _____

Evening Snack _____

Day 2:

Breakfast _____

AM Snack _____

Lunch _____

PM Snack _____

Dinner _____

Evening Snack _____

Day 3:

Breakfast _____

AM Snack _____

Lunch _____

PM Snack _____

Dinner _____

Evening Snack _____

Day 4:

Breakfast _____

AM Snack _____

Lunch _____

PM Snack _____

Dinner _____

Evening Snack _____

Day 5:

Breakfast _____

AM Snack _____

Lunch _____

PM Snack _____

Dinner _____

Evening Snack _____